ALASKA MEDICAID

New Prescription Medications

New prescription medications, excluding "A" rated generic pharmaceutical equivalents, will be subject to the following prior authorization for at least six (6) months after the product is released to the market. After six (6) months the new medication will be eligible to be reviewed by the DUR Committee to evaluate whether the prior authorization requirement will be removed for that product.

If a new prescription medication is in a reviewed drug class and "preferred" by the Pharmacy and Therapeutics Committee, the following prior authorization requirement will be removed and the medication will be subject to the same requirements of any preferred medication within the reviewed drug class.

CRITERIA FOR APPROVAL

One of the following criteria must be satisfied to obtain prior authorization:

1. The medication is approved to treat a condition or disease for which no other therapy is approved to treat; **OR**

2. The patient has tried and failed at least 1 other therapy to treat a condition or disease for which the new product is approved to treat **OR** the patient has tried and failed at least 2 other therapies to treat a condition or disease for which the new product is approved to treat **IF**

    a. The new product contains an active ingredient available in a different dosage form including, but not limited to, a capsule, tablet, solution, suspension, emulsion, cream, ointment, or gel; **OR**

    b. The new product contains an active ingredient available with a different release mechanism including, but not limited to, immediate release, extended release, delayed release, depot injection, or oral disintegrating tablet; **OR**

    c. The new product contains an active ingredient available by a different route of administration including, but not limited to, oral, sublingual, buccal, parenteral, rectal, or transdermal; **OR**

    d. The new product is a racemic mixture, a single enantiomer or diastereomer, or an isomer of an available medication; **OR**

    e. The new product is a prodrug metabolized to the active ingredient in an available medication; **OR**

    f. The new product is an active metabolite of an available medication.

New Product Criteria
Version: 1
Original: 04/16/2010
Last updated: 10/8/2020
Approved: 11/20/2020

3. In the event a new branded product using the same pharmacologic mechanism enters the market, criteria will be assigned to follow the current prior authorization guidelines for the like drug.

LENGTH OF APPROVAL

1. Approval may be granted for up to 12 months.

DISPENSING LIMIT:

1. No more than a 30 day supply of medication may be dispensed.

REFERENCES / FOOTNOTES:

[1] Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book). Available at <http://www.accessdata.fda.gov/scripts/cder/ob/default.cfm